

CHAPTER 10

ACCIDENT CAUSES AND REPORTS

The driver rather than the machine is at fault in the greatest percentage of motor vehicle accidents. If you cause an accident, you may be as effective as an enemy would be in disabling a vehicle and inflicting casualties. The minimum cost to the government is loss of use of the vehicle, but there are almost always additional costs. For instance, parts for repairs are expensive; maintenance personnel must expend additional unplanned time; and you may be injured and require medical attention. An accident could cost your life.

PRIMARY CAUSES OF ACCIDENTS

In most accidents, the driver has violated traffic regulations. The most common causes of vehicle accidents are —

- Traveling at a speed too fast for conditions.
- Following too closely.
- Driving while fatigued or under the influence of alcohol or drugs.
- Wrongfully assuming right-of-way.
- Misjudging clearances on turns, in passing, and so forth.
- Backing without exercising caution.

PROCEDURE IN CASE OF AN ACCIDENT

If you are involved in a motor vehicle accident, take certain steps to protect your own interest and that of the government and to aid others involved in the accident. Some steps to take follow.

- If anyone seems injured, render first aid. Then summon the nearest military or civilian doctor or ambulance, whichever can be secured in less time. Military personnel with only minor

injuries should be sent to a military hospital when practicable.

- If fire breaks out and you cannot put it out with a fire extinguisher or sand, send for the fire department.
- If civil police are not present, send for them. State laws require that police be summoned to all motor vehicle accidents. In such matters, the military cooperates with civil authorities who are responsible for investigating all accidents on public highways.
- If you are in an area controlled by armed services police, send for them or ask someone to do so. The armed services police must complete their own investigation of the accident. You should cooperate and assist them in every way.
- When there are enough people available, you may be able to get aid more quickly by sending one person to summon doctors; another, firemen; and still another, police.
- Whenever practical, report the accident to your commanding officer by telephone as soon as you have finished your duties at the scene of the accident. If an assistant driver is present, have him phone while you attend to other matters. In an emergency, you can usually get permission to use a nearby telephone without charge. Your unit headquarters will accept a collect toll charge if you must report an accident by long distance.

PRECAUTIONARY MEASURES**Precautions Against Further Accidents**

After a motor vehicle accident, the vehicle or vehicles involved are frequently in dangerous locations. Often a crowd collects in the road. To prevent additional accidents, damage, or injury, be sure to post guards, flags, flares, or lights (except in a blackout) to warn all other traffic to proceed with caution.

If civil or armed forces police are present, they will direct traffic. If troops are present, they should be asked to act as guards. If neither police nor troops are present, civilians should act as guards. Cargo, glass, or other debris spilled on the highway as a result of the accident will be cleared from the road surface as soon as possible.

Precautions Against Fire

Gasoline exposed to the air forms a highly flammable vapor. Avoid this danger by shutting off all engines and prohibiting smoking whenever there is spilled gasoline or whenever vehicles are badly wrecked. Permit no open flame within 50 feet of the wreck. Spread sand or dirt over spilled gasoline as soon as possible. A fire extinguisher is your first defense against fire. If you need to supplement the fire extinguisher with other methods, use sand or dirt. However, remember that water cannot be used on gasoline fires as it causes them to spread.

Removal of Vehicle From Accident Scene

Moving the vehicle from the scene of the accident must be governed by laws or regulations of the state or area where the accident occurred. Obtain all the necessary data relating to the accident before moving the vehicle. Make sure to mark the exact position of all vehicles and objects before moving them.

PREPARATION OF ACCIDENT FORMS

DD Form 518 (Accident-Identification Card)

The purpose of DD Form 518 is to give any persons involved in an accident all of the information that they require from you. You fill this form out at the scene of the accident or as promptly as possible and give it to the person directly concerned. If the accident involves a parked vehicle and the person concerned is not present, place the DD Form 518 in the vehicle or secure on the windshield. Notify local authorities and then stand by the scene of the accident for their arrival, if practical. Figure 10-1 is a properly completed DD Form 518.

ACCIDENT-IDENTIFICATION CARD	
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974-SEE REVERSE)	
Any correspondence regarding accident should be addressed to:	
COMMANDING GENERAL ABERDEEN PROVING GROUP, MD 2/005-5201	
MAKE REFERENCE TO	
DATE OF ACCIDENT 11 NOV 88	
MAKE AND TYPE OF VEHICLE TRK, UTIL, 1/4T, M998	
REGISTRATION NO. NPO68CU	
DRIVEN (Last name - first name - initial) HODGES, JAMES L.	
SSN 123-45-6789	GRADE SFC
ORGANIZATION HHC 61ST ORD BDE	
DD FORM 518 1 OCT 76 PREVIOUS EDITION IS OBSOLETE.	

FIGURE 10-1. DD Form 518.

NOTE: Disclosure of social security number (SSN) is voluntary. No disciplinary action is taken in cases where the SSN is not provided.

SF 91 (Operator's Report of Motor Vehicle Accident)

Always stop and investigate any accident in which you are involved. The only possible exception to this rule might be in combat or in case of military necessity when you are operating under definite orders not to stop. Even though an accident is minor or not your fault, you must report it so that the facts will be clearly presented and so that you can give the names of witnesses. This protects both you and your government against claims and exaggerations. For the purpose of reporting an accident, use SF 91. Figure 10-2 is a sample form filled out. Study it so that you will know how to fill it out in case the need arises.

In completing SF 91, keep the following general instructions in mind:

- Secure hard-to-get facts first. After making sure that your vehicle will not cause another accident and that the injured are cared for and other precautions are taken, your first responsibility is to get the names and addresses of the people involved in the accident and of all witnesses. If you do not do this promptly, you may not be able to get the information at all.
- Do not leave the scene of the accident until you have carefully noted facts that would be hard to get later, such as condition of the road, position of the vehicles, amount of damage, and other details.
- Fill in items that you know or can easily get, such as your own name, the make of your vehicle, and so forth, after you have done everything else. This can even be done after you have left the scene of the accident.
- Be exact. Be sure that your report gives a clear picture of what actually happened. If another vehicle is involved, your diagram of the accident should show exactly where the vehicles were before and after the crash and exactly what obstacles blocked either driver's view. Every name should be spelled correctly and every street address listed by number. On highways where there are no house numbers, use mileage markers, power line or telephone pole numbers, or intersecting roads to pinpoint the location of the accident. State damage you can see; for example, crushed right rear wheel, bent or broken axle, crumpled fender. If someone claims that you have damaged property, but you cannot see the damage, note only that he claims bent frame. Follow the same procedures with injuries. Report cuts, burns, broken bones, and so forth, of which you are certain and note only that a person claims an injury when you have no way of knowing the truth, such as a strained back or internal injuries. If you cannot get the exact information on some item, write unknown and if there is a blank that does not pertain to your accident, write NA or none. By making an entry in every blank, the reviewer will be assured you did not overlook anything.
- Never express an opinion either orally or in writing to claimants or their agents concerning liability, investigation findings, or the possibility of claim approval.
- Use more paper if necessary. If you need more space, use a separate sheet of paper to answer a question. Write see attached in the space by the question on your report and attach the extra sheet securely to the report form.
- Check each item. In securing information for the report, remember that you are an agent of the US government. As you fill in each item of the report, check it against what you can observe and against your common sense. When the other driver gives you his name, make sure it is the same as the name on his driver's permit. If not, find out why. If somebody gives you an address that you think is incorrect or does not exist, question him further as tactfully as you can. If you have reason to doubt any information that you write on your report, be sure to call attention to your doubts by a note.
- Check the entire report. After you have finished, look over the entire report to make sure that it is complete and accurate. Imagine yourself as the investigating officer. He must form his picture of the accident from your report. His decision concerning the accident will be based on the information in your report. In fairness to yourself, you must make sure that all your answers are clear before you turn in the form. If you are satisfied that this is so, sign the report and turn it in to the commanding officer or immediate supervisor.

NOTE: An employee of a federal agency who fails to report accurately a motor vehicle accident involving a federal vehicle may be subject to administrative sanctions.

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT This form to be completed by the driver or the person in charge of the vehicle at the time of the accident. If the driver is injured, the person in charge of the vehicle should complete this form.		SUPERVISOR OR AGENT <u>U.S. Army</u> <u>HHC 61st ORD BDE</u> <u>APG, MD. 21005</u>	
LAST NAME <u>HODGES</u> FIRST NAME <u>JAMES L</u> LICENSE NUMBER OR SOCIAL SECURITY NO. <u>419-98-9839</u> HOME ADDRESS (Number, street, city, State, ZIP code) <u>7212 ROSEBARK CIRCLE APT A</u> <u>MD. 21005</u> HOME TELEPHONE NO. <u>679-2314</u> DATE OF BIRTH <u>7/11/88</u> DATE OF ACCIDENT <u>Monday 0645</u> PLACE OF ACCIDENT (If in city, give number, street, city and State, if outside city, give road name, mile, and other information.) <u>MAIN GATE ENTRANCE, HWY 22, BLDG 220</u> <u>EDGEWOOD AREA, APG, BLDG 3148, APG</u> <u>RETURNING M998 FOR TESTING ANALYSIS</u>		MAKE <u>M998</u> TYPE <u>TAK, UT64</u> REGISTRATION NUMBER AND STATE <u>UG-088F</u> NUMBER OF VEHICLE DAMAGED (Including others involved) <u>1</u> OPERATOR'S ESTIMATED COST OF REPAIRS <u>400.00</u> IF THIS WAS A DRIVING INCIDENT, <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO IF A TRUCK, <input type="checkbox"/> YES <input type="checkbox"/> NO	
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FIGURE 10-2. Example of Operator's Report of Motor Vehicle Accident (Page 1 of 4).

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FIGURE 10-2. Example of Operator's Report of Motor Vehicle Accident (Page 2 of 4).

STATE THIS DATE MEDICAL AID, IF ANY WAS GIVEN		WHERE WAS INQUIRY MADE	
None		N/A	
QUESTION OF OTHER VEHICLE <u>NORMAL, NO INJURIES NOTED</u> If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, please summarize, and give names and addresses of others bearing such statements. <u>SSG FLATFOOT STATED HE SKID INTO ME BECAUSE OF THE Icy ROAD CONDITIONS HE COULD NOT STOP.</u>			
NAME		TYPE	YEAR
AB OTHER VEHICLE INVOLVED			
PLATE/STATE PLATE NUMBER		VEHICLE LICENSE NUMBER AND STATE	
NAME			
HOME ADDRESS (Number, street, city, State, ZIP code)			
NAME			
ADDRESS (Number, street, city, State, ZIP code)			
PART OF VEHICLE DAMAGED (Describe)		STANDARD SIGNALING EQUIPMENT	
OTHER PROPERTY DAMAGED (Describe)		AMOUNT OF DAMAGE	
		\$	
1A. DIAGRAM ILLUSTRATING POSITION OF VEHICLE INVOLVED IN ACCIDENT USING THE FOLLOWING SYMBOLS: 1. Car 2. Truck 3. Motorcycle 4. Bicycle 5. Pedestrian 6. Other			

STANDARD FORM 94 PAGE 2 (REV. 11-79)

FIGURE 10-2. Example of Operator's Report of Motor Vehicle Accident (Page 3 of 4).

[illegible]

FIGURE 10-2. Example of Operator's Report of Motor Vehicle Accident (Page 4 of 4).